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Ms_ Mr. Artīst	ROSE	yes	st Name Last)
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# THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES Do not lose it.

This entry blank must be fully made out and signed. The igned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on achibition until June 15, 1975.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Trans I Chy

ENTRY BLAN	IKS			
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2/14 12

#### 1975 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

### Dates for Pick-up of Objects

Museum Service Entrance
9:30 a.m. to 4:30 p.m. Monday through Saturday

Rejected Objects
April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates have

Please keep address within this box for window envelope

Name	ROSE TICHY
Address	7537 BRIARCLIFF PRWY
City & State	CLEVELAND - OHIO - ZIP 44130

#### PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

## ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

EMB Section	NOT DET	ACH C			
☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts					
Medium or Materials PHOTOGRAPH					
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78 (3)	ACCEPTED				
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DO NOT DETACH					
☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts					
Medium or Materials PHOTOGRAPH					
PERSPICULTY					
DO NOT WHITE IN THIS SECTION	Accepted	HEJECTED			